

**INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS**

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10
and ending (date) 5-29-13 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: _____ MORRIS TWP ROAD DIST _____

Address of governmental unit: _____ 1189 OAKGROVE ROAD _____
MORRISDALE PA 16858- _____

Employer Identification Number: _____

Signature: Gladys J. Stewart Date Signed: 8-5-10
(Must be authorized to sign this form.)

Title: _____ Phone Number: _____

**Defendant
Exhibit**

22 (Part 2)



1 28 10 11:23a

Mountain Top Fire Co

8143425014

P-1

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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and ending (date) 5-29-13 (period not to exceed 12 calendar quarters),
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(Please type or print the following information.)

Name of governmental unit: MOUNTAIN TOP FIRE CO
P O BOX 50
SANDY RIDGE PA 16677-0000

Address of governmental unit: [REDACTED]

Employer Identification Number: _____

Signature: Robbie Corrigan Date Signed: 7/20/10
(Must be authorized to sign this form.)

Title: President Phone Number: 814-342-5014

08/05/2010 19:00

8143397930

OSCEOLABORO

PAGE 02/02

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

FAXEDTime: 6:25
Date: 8/5

The undersigned purchaser ("Purchaser") hereby certifies that:

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and ending (date) 5-29-13 (period not to exceed 12 calendar quarters),
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Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: OSCEOLA MILLS BOROUGH

PO BOX 85

Address of governmental unit: OSCEOLA MILLS PA 16666-0000Employer Identification Number: 0000Signature: [Signature]
(Must be authorized to sign this form.)Date Signed: Aug. 5, 2010Title: [Signature]Phone Number: 814-339-7412

1 30 10 09:02a

Patton Township

8142387790

P-1

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08 and ending (date) 4-1-11 (period not to exceed 12 calendar quarters), will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Patton Township

Address of governmental unit: 100 Patton Plaza State College, PA 16803

Employer Identification Number: [REDACTED]

Signature: Austin M. [REDACTED] Date Signed: 7/30/10
(Please be authorized to sign this form.)

Title: Accountant Phone Number: 814-234-0271

FAX-814-342-6473

07/28/2010 10:16

8143556026

SCI ROCKVIEW

PAGE 01/03

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
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The Purchaser also certifies: (Please check one)

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☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08
and ending (date) 4-1-11 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Pa State Correctional Inst
Address of governmental unit: Box A Bellefonte Pa
Employer Identification Number: Tax Exempt # [REDACTED]
Signature: David Carey, PA 2 Date Signed: 7-28-10
(Must be authorized to sign this form.)
Title: Pur. Agt. 2 Phone Number: 814-355-4874

Jul. 30. 2010 10:22AM

No. 3146 P. 3

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that
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The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08
and ending (date) 4-1-11 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

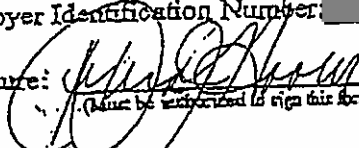
Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: PennDOT Maintenance District 2

Address of governmental unit: 1000 East Bishop St. Bellefonte, PA 16823

Employer Identification Number: XXXXXXXXXX

Signature: 

(Must be authorized to sign this form.)

Date Signed: 7/30/10

Title: _____

Phone Number: _____

May 31, 2007 10:19AM

Philipsburg

No. 8335 P. 1

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 4/1/05
and ending (date) 4/1/08 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: PHILIPSBURG BORO
4 N CENTRE ST - P O BOX 631
Address of governmental unit: PHILIPSBURG PA 16866-0000

Employer Identification Number: _____

Signature: John Kruhn

Date Signed: 5/31/07

(Must be authorized to sign this form.)

Title: Borough Manager

Phone Number: 814-342-3440

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: _____ PHILIPSBURG BORO _____

4 N CENTRE ST - P O BOX 631

Address of governmental unit: _____ PHILIPSBURG PA 16866-0000 _____

Employer Identification Number: _____

Signature: Theresa A. Simler Date Signed: 7/26/10
(Must be authorized to sign this form.)

Title: Secretary Phone Number: 342-3440

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 4/1/06
and ending (date) 4/1/09 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

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(Please type or print the following information.)

Name of governmental unit: _____ P.O. AREA SCHOOL DIST
Address of governmental unit: _____ 200 SHORT STREET
_____ PHILIPSBURG PA 16856-0000
Employer Identification Number: _____
Signature: Donald W. Miller Date Signed: 6/1/07
(Must be authorized to sign this form.)
Title: Facilities Director Phone Number: 814 342 5659

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

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(Please type or print the following information.)

Name of governmental unit: _____ P.O. AREA SCHOOL DIST _____
200 SHORT STREET _____
Address of governmental unit: _____ PHILIPSBURG PA 16866-0000 _____
Employer Identification Number: _____
Signature: Michael Galt Date Signed: 7/28/2010
(Must be authorized to sign this form.)
Title: _____ Phone Number: _____

06/01/2007 07:37 8143594110

PLEASANT GAP FIRE CO

PAGE 02

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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and ending (date) 08/01/09 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

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(Please type or print the following information.)

Name of governmental unit: Pleasant Gap Fire Company

Address of governmental unit: 475 Robison Lane, Pleasant Gap, PA 16823

Employer Identification Number: [REDACTED]

Signature: [Signature] Date Signed: 5/30/07
(Must be authorized to sign this form.)

Title: PRESIDENT Phone Number: 814-355-2102

07/27/2010 13:57 FAX 8143594110

PLEASANT GAP FIRE CO

002/002

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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(Please type or print the following information.)

Name of governmental unit: PLEASANT GAP FIRE CO.

475 ROBISON LANE

Address of governmental unit: PLEASANT GAP PA 16823-

Employer Identification Number: _____

Signature: *Richard A. Meyer* Date Signed: 07/27/2010
(Must be authorized to sign this form)

Title: PRESIDENT Phone Number: 814-359-2102

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

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and ending (date) 2/1/10 (period not to exceed 12 calendar quarters),
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(Please type or print the following information.)

Name of governmental unit: Port Matilda Borough

Address of governmental unit: P.O. Box 156, Port Matilda, PA 16870

Employer Identification Number: [REDACTED]

Signature: Rhonda Walters Date Signed: 6/6/07
(Must be authorized to sign this form.)

Title: Secretary Phone Number: 814 692-0092

07/27/2010 16:19

8146928235

PORT MATILDA BOROUGH

PAGE 02/02

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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(Please type or print the following information.)

Name of governmental unit: _____

PORT MATILDA BOROUGH

P.O. BOX 156

Address of governmental unit: _____

PORT MATILDA PA 16870-

Employer Identification Number: _____

Signature: _____

Shawna Wagner

Date Signed: 7-27-2010

(Must be authorized to sign this form.)

Title: _____

Secretary

Phone Number: _____

814-1093-0093

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

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(Please type or print the following information.)

Name of governmental unit: Port Matilda Inc Co

Address of governmental unit: PO Box 472, Port Matilda Pa

Employer Identification Number: [REDACTED]

Signature: Andrea Leonard Date Signed: June
(Must be authorized to sign this form.)

Title: _____ Phone Number: _____

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

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(Please type or print the following information.)

Name of governmental unit: _____
Address of governmental unit: _____
Employer Identification Number: _____
Signature: Andrea Leonard Date Signed: Thos
(Must be authorized to sign this form.)
Title: _____ Phone Number: _____

**INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS**

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The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 6/19/06
and ending (date) 6/19/09 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

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(Please type or print the following information.)

Name of governmental unit: RED BANK TOWNSHIP CLARION CNTY

Address of governmental unit: P O BOX 47
FAIRMOUNT CITY PA 16224-

Employer Identification Number: _____

Signature: [Signature] Date Signed: 6-1-07
(Must be authorized to sign this form.)

Title: Sec Treas Phone Number: 814 275-4045

08/02/2010 11:41 FAX 8142754045

REDBANK TWP

001

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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(Please type or print the following information.)

Name of governmental unit: RED BANK TOWNSHIP CLARION CNTY

P O BOX 47

Address of governmental unit: FAIRMOUNT CITY PA 15224

Employer Identification Number: _____

Signature: *Vincent Balu*

Date Signed: 8-2-10

(Must be authorized to sign this form.)

Title: Sec Treas

Phone Number: 814 275 4045

MAR. 21. 2006 10:47AM

REDBANK SCHOOL DIST
J. V. TOWELL, INC.NO. 0141 P. 3 3
NO. 3201

REDBANK SCHOOL DIST

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 3/21/06
and ending (date) 3/21/09 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

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(Please type or print the following information.)

Name of governmental unit: Redbank Valley School District

Address of governmental unit: 920 Broad Street, New Bethlehem, PA 16242

Employer Identification Number: [REDACTED]

Signature: [Signature]

Date Signed: 3/21/06

(Must be authorized to sign this form.)

Title: Business Manager

Phone Number: 814-25-2426

**INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS**

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☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 05-29-07
and ending (date) 05-29-10 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Red Bank Valley School Dist

Address of governmental unit: 920 Broad St, New Bethlehem PA

Employer Identification Number: [REDACTED]

Signature: [Signature] Date Signed: 7/29/2010
(Must be authorized to sign this form.)

Title: _____ Phone Number: _____

**INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS**

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 05-29-10
and ending (date) 5-29-13 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: _____

REDBANK VALLEY SCHOOL DIST
920 BROAD STREET
NEW BETHLEHEM PA 16242-

Address of governmental unit: _____

Employer Identification Number: _____

Signature: _____

(Must be authorized to sign this form.)

Date Signed: _____

7/29/10

Title: _____

Phone Number: _____

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08
and ending (date) 4-1-11 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Reliance Fire Co

Address of governmental unit: 317 N 3rd St Philipsburg Pa

Employer Identification Number: [REDACTED]

Signature: [Signature] Date Signed: 7-22-11
(Must be authorized to sign this form.)

Title: Treasurer / Deputy Chief Phone Number: 814-342-2710

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10
and ending (date) 5-29-13 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: _____ RUSH TOWNSHIP _____

BOX 152

Address of governmental unit: _____ PHILIPSBURG PA 16866-0000 _____

Employer Identification Number: _____

Signature: *James D. Cowher* Date Signed: July 26, 2010
(Must be authorized to sign this form.)

Title: Secretary-Treasurer Phone Number: (814) 342-0514

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

- ☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),
- ☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10 and ending (date) 5-29-13 (period not to exceed 12 calendar quarters), will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: SEVEN MOUNTAINS EMS
523 DELL ST
Address of governmental unit: BELLEFONTE PA 16823-
Employer Identification Number: _____
Signature: [Signature] Date Signed: 7/26/10
(Must be authorized to sign this form.)
Title: Executive Director Phone Number: (824) 357-1474



EASYPAY
INTERNAL REVENUE SERVICE

Website: www.jpowell.com
Customer Service: cs@jpowell.com
Information: info@jpowell.com
Toll Free: 800-432-0866

EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08
and ending (date) 4-1-11 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Snow Shoe Borough
Address of governmental unit: PO Box 277 Snow Shoe PA 16874
Employer Identification Number: [REDACTED]
Signature: Malina Hovchel Date Signed: 8-10-10
(Must be authorized to sign this form.)
Title: Sec/Treas Phone Number: 814-387-6833

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10 and ending (date) 5-29-13 (period not to exceed 12 calendar quarters), will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: SNYDER TOWNSHIP
RD #3 BOX 448 108 Baughman Hollow Rd
 Address of governmental unit: TYRONE PA 16886-0000
 Employer Identification Number: 23-1608550
 Signature: [Signature] Date Signed: 7-26-10
(Must be authorized to sign this form.)
 Title: Chairman Phone Number: 814-684-1048

JUL 29 2010 2:49PM JJ POWELL PHILIPSBURG

No. 9116 P. 1

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

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The Purchaser also certifies: (Please check one)

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☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10
and ending (date) 5-29-13 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: SPRING-BENNER WALKER JOINT AUT
170 IRISH HOLLOW ROAD
Address of governmental unit: BELLEFONTE PA 16823-
Employer Identification Number: _____
Signature: [Signature] Date Signed: 7-27-10
(Must be authorized to sign this form.)
Title: Executive Director Phone Number: 814-355-4778



355 1599

5BWJA

10:08:09 a.m. 07-27-2010

1/1

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10 and ending (date) 5-29-13 (period not to exceed 12 calendar quarters), will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: SPRING-BENNER WALKER JOINT AUT

170 IRISH HOLLOW ROAD

Address of governmental unit: BELLEFONTE PA 16823-

Employer Identification Number: _____

Signature: *[Handwritten Signature]*

(Must be authorized to sign this form.)

Date Signed: 7-27-10

Title: Executive Director Phone Number: 814-355-4778

RECEIVED JUL 26 2010

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
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The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

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If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: _____ SPRING TOWNSHIP
1309 BLANCHARD ST
Address of governmental unit: _____ BELLEFONTE PA 16823-0000

Employer Identification Number: _____

Signature: W. M. [Signature]
(Must be authorized to sign this form.)

Date Signed: 7/26/10

Title: _____

Phone Number: _____

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08
and ending (date) 4-1-11 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.


If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: State College Area School dist

Address of governmental unit: 131 West Rottung Ave St College

Employer Identification Number: 

Signature: [Signature]

(Must be authorized to sign this form.)

Date Signed: 8/5/10

Title: _____

Phone Number: _____



UL-27-2010 04:21 PM SC BORO FINANCE

814 234 7148

P.01

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10
and ending (date) 5-29-13 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: STATE COLLEGE BORO
243 SOUTH ALLEN ST
Address of governmental unit: STATE COLLEGE PA 16804-0000

Employer Identification Number: _____

Signature: Cinest C. Galvao Date Signed: 7/27/10
(Must be authorized to sign this form.)

Title: Purchasing Director Phone Number: (814) 234-7114

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 01-01-09
and ending (date) 12-31-09 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Stone Creek Valley Vol. Fire Co

Address of governmental unit: 5470 McAlister Fort Road
Petersburg, PA 16669

Employer Identification Number: [REDACTED]

Signature: Patricia R. Wilson Date Signed: 6/18/09
(Must be authorized to sign this form.)

Title: Treasurer Phone Number: 814-667-3706

07/28/10 WED 07:55 FAX 814 684 8408

TYRONE AREA SCHOOL DIST.

001

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10 and ending (date) 5-29-13 (period not to exceed 12 calendar quarters), will be for the *exclusive use* of the state or local government.

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Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: TYRONE AREA SCHOOL DIST

701 CLAY AVENUE

Address of governmental unit: TYRONE PA 16686-0000

Employer Identification Number: _____

Signature: *C. H.*

Date Signed: 7/26/10

(Must be authorized to sign this form.)

Title: Business Administrator Phone Number: 814-684-0710

All credits claimed by the Purchaser for a purpose beginning (date) 4-1-08
 and ending (date) 4-1-11 (period not to exceed 12 calendar quarters),
 will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the
 Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will
 be prepared to establish by satisfactory evidence the purpose for which Purchaser used this
 product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable
 fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or*
imprisonment.

(Please type or print the following information.)

Name of governmental unit: _____
 Address of governmental unit: _____
 Employer Identification Number: _____
 Signature: _____ Date Signed: 7/14/11
 (Must be authorized to sign this form.)
 Title: Chief Phone Number: 814-574-6802

UNDINE FIRE COMPANY #2
 133 E BISHOP STREET
 BELLEFONTE PA 16823-0000

Jul. 25. 2011 3:01PM

NO. 2981 T. 1

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),

☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08
and ending (date) 4-1-11 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Union Township
125 Sycamore Ln.

Address of governmental unit: Julian, PA 16844-9516

Employer Identification Number: [REDACTED]

Signature: A. K. Danks Date Signed: 7/25/11
(Must be authorized to sign this form.)

Title: Secretary/Treasurer Phone Number: 814-355-1540

Fax Back to 347-1483

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that,
- (b) The taxable fuel to which this certificate relates is purchased for the *exclusive use* of Purchaser.

The Purchaser also certifies: (Please check one)

- ☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),
- ☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08
and ending (date) 4-1-11 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

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Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Walker Township Vol Fire Dept.

Address of governmental unit: PO Box 110 Mingoville, PA 16856

Employer Identification Number: [REDACTED]

Signature: [Signature] Date Signed: 9/2/10
(Must be authorized to sign this form.)

Title: Treasurer Phone Number: 814-885-7281

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

- (a) Purchaser is a state or local government, and that
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The Purchaser also certifies: (Please check one)

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☒ All orders placed by the Purchaser for a period beginning (date) 4-1-08
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If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Wallacetown Borge Mun Auth

Address of governmental unit: P.O. Box 97, West Decatur PA

Employer Identification Number: [REDACTED]

Signature: *[Signature]*
(Must be authorized to sign this form.)

Date Signed: 7/24/10

Title: Chairman

Phone Number: 814-342-0725

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

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Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: Warrior's Mark Water Auth

Address of governmental unit: Po Box 122 Warrior's Mark L

Employer Identification Number: [REDACTED]

Signature: William Markel Date Signed: 8-1-10
(Must be authorized to sign this form) See.

Title: _____ Phone Number: _____

INTERNAL REVENUE SERVICE EXEMPTION CERTIFICATE STATE AND LOCAL GOVERNMENTS

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- (a) Purchaser is a state or local government, and that,
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The Purchaser also certifies: (Please check one)

- ☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),
- ☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10 and ending (date) 5-29-13 (period not to exceed 12 calendar quarters), will be for the *exclusive use* of the state or local government.

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Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: _____ WILLIAMSPORT MUNICIPAL AIRPORT _____
700 AIRPORT ROAD SUITE 204 _____
Address of governmental unit: _____ MONTROUSVILLE PA 17754-0000 _____
Employer Identification Number: _____
Signature: Thomas J. Hart Date Signed: 7/26/10
(Must be authorized to sign this form.)
Title: EXECUTIVE DIRECTOR Phone Number: 570-368-2444 EXT 203

INTERNAL REVENUE SERVICE
EXEMPTION CERTIFICATE
STATE AND LOCAL GOVERNMENTS

The undersigned purchaser ("Purchaser") hereby certifies that:

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The Purchaser also certifies: (Please check one)

- ☐ The fuel specified in the accompanying order, or on the reverse side hereof, (or),
- ☒ All orders placed by the Purchaser for a period beginning (date) 5-29-10
and ending (date) 5-29-13 (period not to exceed 12 calendar quarters),
will be for the *exclusive use* of the state or local government.

If this taxable fuel is used by Purchaser for a purpose other than as stated above, the Purchaser understands that Purchaser may be subject to tax and penalties. Purchaser will be prepared to establish by satisfactory evidence the purpose for which Purchaser used this product purchased under this certification.

Purchaser understands that any fraudulent use of this certification to purchase any taxable fuel free of tax will subject Purchaser to *penalties of perjury*, which may lead to *fine or imprisonment*.

(Please type or print the following information.)

Name of governmental unit: _____	CENTRAL PA DIST LIBRARY	_____
	203 N ALLEGHANY ST	_____
Address of governmental unit: _____	BELLEFONTE PA 15803-0000	_____
Employer Identification Number: _____		_____
Signature: _____	Date Signed: _____	
(Must be authorized to sign this form.)		
Title: _____	Phone Number: _____	

All Accounts should be
in Centre County Libraries
NAME.